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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/438,436	
	Filing Date	11/12/1999	
	First Named Inventor	Jeffrey Achtermann	
	Art Unit	2157	
	Examiner Name	Gregory Todd	
Total Number of Pages in This Submission	3	Attorney Docket Number	AT9-99-655

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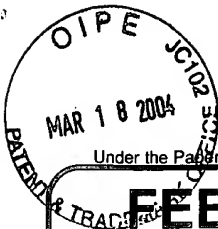
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ENCLOSURES (Check all that apply)		
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Kelly K. Kordzik Winstead Sechrest & Minick P.C.	
Signature		
Date	3-15-04	

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Signature		Date 3-15-04

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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>		
		Application Number	09/438,436	
		Filing Date	11/12/1999	
		First Named Inventor	Jeffrey Achtermann	
		Examiner Name	Gregory Todd	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2157	
TOTAL AMOUNT OF PAYMENT (\$)		330.00	Attorney Docket No.	AT9-99-655

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<input checked="" type="checkbox"/> Deposit Account:		<b>Large Entity</b> <b>Small Entity</b>	
Deposit Account Number: 09-0447			
Deposit Account Name: IBM Corp.			
<b>The Director is authorized to:</b> (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments			
<input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
<b>Large Entity</b>	<b>Small Entity</b>		
<b>Fee Code (\$)</b>	<b>Fee Code (\$)</b>	<b>Fee Description</b>	<b>Fee Paid</b>
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>			<b>(\$) 0</b>
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Total Claims: 20** =		Fee from below: X =	
Independent Claims: 3** =		Fee Paid: =	
Multiple Dependent			
<b>Large Entity</b>	<b>Small Entity</b>		
<b>Fee Code (\$)</b>	<b>Fee Code (\$)</b>	<b>Fee Description</b>	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>			<b>(\$) 0</b>
**or number previously paid, if greater. For Reissues, see above			
		<b>Other fee (specify)</b>	
		<b>*Reduced by Basic Filing Fee Paid</b>	
		<b>SUBTOTAL (3)</b>	
		<b>(\$) 330.00</b>	

<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Kelly K. Korczik	Registration No. (Attorney/Agent)	36,571
Signature		Telephone	512-370-2851
		Date	3-15-04

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